



**UTILITY DECLARATION  
AND POWER OF ATTORNEY**  
Utility Applicati n

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Immunological Test Kit with Immunologically Invisible Carrier** the specification of which

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is attached hereto OR  
was filed on October 17, 2001 as United States Application Serial No. 09/982,265 or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

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I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

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Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

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Application Number(s)	Filing Date

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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

**POWER OF ATTORNEY:** As a named inventor, I hereby revoke all previous powers of attorney and appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



**22249**

PATENT TRADEMARK OFFICE

LYON & LYON LLP  
Suite 4700  
633 W. Fifth Street  
Los Angeles, CA 90071  
(914) 681-8851

Please direct all inquiries to Charles M. Doyle, Esq., at the above Customer Number.

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201	FULL NAME OF INVENTOR	FIRST Name Bo	MIDDLE Initial	LAST Name Qiu	
	RESIDENCE & CITIZENSHIP	City East Brunswick	State or Foreign Country NJ	Country of Citizenship Peoples Republic of China	
	POST OFFICE ADDRESS	Residence Address 7 Lake Ave.	City East Brunswick	State or Country NJ	Zip Cod 08816
INVENTOR'S SIGNATURE _____ DATE _____					

202	FULL NAME OF INVENTOR	FIRST Name Guobao	MIDDLE Initial	LAST Name Zhang	
	RESIDENCE & CITIZENSHIP	City Piscataway	State or Foreign Country NJ	Country of Citizenship Peoples Republic of China	
	POST OFFICE ADDRESS	Residence Address 900 Davidson Rd., Apt. 108	City Piscataway	State or Country NJ	Zip Code 08854
INVENTOR'S SIGNATURE _____ DATE _____					

203	FULL NAME OF INVENTOR	FIRST Name Stanley	MIDDLE Initial	LAST Name Stein	
	RESIDENCE & CITIZENSHIP	City East Brunswick	State or Foreign Country NJ	Country of Citizenship USA	
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INVENTOR'S SIGNATURE _____ DATE _____					

204	FULL NAME OF INVENTOR	FIRST Name Leonard	MIDDLE Initial	LAST Name Sigal	
	RESIDENCE & CITIZENSHIP	City Plainfield	State or Foreign Country NJ	Country of Citizenship USA	
	POST OFFICE ADDRESS	Residence Address 609 Belvidere Ave.	City Plainfield	State or Country NJ	Zip Code 07062
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205	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial	LAST Name Brunner	
	RESIDENCE & CITIZENSHIP	City Columbus	State or Foreign Country NJ	Country of Citizenship USA	
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INVENTOR'S SIGNATURE _____ DATE _____					

206	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial	LAST Name Katz	
	RESIDENCE & CITIZENSHIP	City Freehold	State or Foreign Country NJ	Country of Citizenship USA	
	POST OFFICE ADDRESS	Residence Address 127 Paint Island Spring Rd.	City Freehold	State or Country NJ	Zip Code 07728
INVENTOR'S SIGNATURE <u>Michael Katz</u> DATE <u>2/22/02</u>					



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INVENTOR'S SIGNATURE		<i>Bo Qiu</i>		DATE <i>2/25/02</i>	

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INVENTOR'S SIGNATURE		<i>Guobao Zhang</i>		DATE <i>2/25/02</i>	

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INVENTOR'S SIGNATURE		<i>Stanley Stein</i>		DATE <i>2/25/02</i>	

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INVENTOR'S SIGNATURE			DATE 2/26/12		

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INVENTOR'S SIGNATURE <u>Michael Brunner</u> DATE <u>2/22/02</u>					

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